§ 32C-3-302. Agent's certification.

The following optional form may be used by an agent to certify facts concerning a power of attorney:

"AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY (G.S. 32C-3-302)

I,			_ (Name of Agent),	do hereby state and af	firm the following	
under per	nalty of	perjury:		•		
(1)			(Name	(Name of Principal) granted me authority as an		
` '	success	or agent in a pow	er of attorney dated	- · ·	J	
(2)				in the power of atto	rney are currently	
exercisab			• 0	1		
(3)	I have no actual knowledge of any of the following:					
	(a)	The principal is deceased.				
	(b)		attorney or my authored or terminated, par	rity as agent under the tially or otherwise.	power of attorney	
	(c)	The principal lacked the understanding and capacity to make and communicate decisions regarding his estate and person at the time the power of attorney was executed.				
	(d)	The power of attorney was not properly executed and is not a legal, valid power of attorney.				
	(e)	(Insert	other	relevant	statements)	
						
						
	at the p	rincipal is decease	ed, that the power of	attorney has been revoked or	oked or terminated,	
		SIGNAT	TURE AND ACKNO	OWLEDGMENT		
	A	Agent's Signature		Date		
	A	agent's Name Prin	nted			
	Δ	Agent's Address				
	Γ	izent s 7 iddiess				
A	gent's 7	 Гelephone Numbe	er			

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COUNTY OF	, STATE OF
Sworn to or affirmed and subscribed	d before me this day by:
Date:	Signature of Notary Public
(Official Seal)	, Notary Public Printed or typed name
(2017-153, s. 1.)	My commission expires:

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